

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

WORKING GROUP MEETING

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

ABRWH WORKING GROUP MEETING

SEC PROCEDURES

The verbatim transcript of the Working Group
Meeting of the Advisory Board on Radiation and
Worker Health held telephonically on April 11, 2006.

C O N T E N T S

April 11, 2006

WELCOME AND OPENING COMMENTS DR. LEW WADE, EXECUTIVE SECRETARY	6
SEC PROCEDURES DR. JAMES MELIUS, CHAIR	9
COURT REPORTER'S CERTIFICATE	55

TRANSCRIPT LEGEND

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-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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P R O C E E D I N G S

(9:00 a.m.)

WELCOME AND OPENING COMMENTSDR. LEW WADE, EXECUTIVE SECRETARY

1 DR. WADE: This is Lew Wade, and I'm the
2 Designated Federal Official for the Advisory Board.
3 I'd like to welcome you all to a Working Group
4 Meeting of the Advisory Board, and this is the
5 Working Group chaired by Dr. Melius and ably staffed
6 by Drs. DeHart, Ziemer and Mark Griffon. And this
7 Working Group was set up expressly to look at issues
8 related to the Special Exposure Cohort issues, the
9 procedures that the Board will use. We've also added
10 a task to the SC&A contract that has some generic
11 tasks associated with review and recommendation on
12 procedures, and that comes under the governance of
13 this Working Group.

14 Also, the Board has asked SC&A to take on the
15 full review of the Ames, Iowa petition. And that
16 technical effort also comes under the responsibility
17 of this Board.

18 There are two other active ongoing SEC review
19 activities, one related to Y-12 and one Rocky Flats.
20 Those have been assigned to a Working Group chaired

1 by Mark Griffon. That includes also Wanda Munn, Mike
2 Gibson and Bob Presley. That Working Group will be
3 meeting to talk about Y-12 issues this afternoon,
4 starting at 1:00 p.m. and Rocky Flats issues,
5 starting at 10:00 a.m. tomorrow, Wednesday.

6 So this Working Group is talking about generic
7 SEC procedures as well as Ames, Iowa. I make that
8 distinction because we want to be careful about
9 managing our conflict of interest activities. There
10 are members of this Working Group, Drs. DeHart and
11 Ziemer, for example, who are conflicted on Y-12, but
12 since we're not scheduled to be talking about Y-12, I
13 think that's fine. There are no Board members that
14 are conflicted on Ames, so again, we can have a full
15 and open discussion by the Working Group members, as
16 well as any of the Board members who would like to
17 contribute with regard to Ames.

18 Remember that the Board's procedures for dealing
19 with SEC petition issues are that if a Board member
20 is conflicted at a particular site under discussion,
21 then that Board member would not be at the table --
22 would not participate in the discussion of the Board.
23 They could make comments during a public comment
24 period. They clearly would not make motions or a
25 vote. So our response to conflicts on SEC matters

1 are much more stringent, and therefore, I thought it
2 important that we understood the distinction between
3 this call and then the subsequent calls that will
4 happen this afternoon and tomorrow.

5 Just by way of background, the way that I have
6 been planning for the Board's activity is that again
7 the Ames, Iowa SEC Petition Evaluation Report was
8 issued yesterday, and that's what we were just
9 talking about. We do not have on the agenda for the
10 April 25th, 26th and 27th meeting a formal presentation
11 of the Ames SEC Petition Evaluation Report. The
12 reason I didn't do that was because again we're just
13 now starting in earnest the review of the Ames
14 petition by SC&A, and I wanted to allow some time.
15 It would be my at least planning intention to have
16 the Ames Petition Evaluation Report scheduled to be
17 presented with the Board voting on it at the June
18 meeting. That's the current plan. We do have
19 scheduled for the April meeting four SEC Petition
20 Evaluation Report presentations. Those are Y-12,
21 Rocky Flats, Nevada Test Site and Pacific Proving
22 Grounds.

23 Again, I'd be more than willing to take guidance
24 from this Working Group or the subsequent working
25 groups as to our scheduling, but that's the

1 scheduling as it currently exists now.

2 Again, other things that are on tap for today,
3 should the Chair and the members wish, you know, SC&A
4 has developed materials on review and Board
5 procedures for SEC Petitions. I think John Mauro is
6 even prepared to discuss how the SEC -- the SC&A
7 recommendations contrast with Dr. Melius's Working
8 Group's writings on the topics.

9 **SEC PROCEDURES**

10 So again, this morning to talk about SEC related
11 issues in general, Ames in particular as needed. And
12 with that I'll turn it over to you, Dr. Melius.
13 Maybe we could go about and do some introductions as
14 you might like.

15 **DR. MELIUS:** Yeah, good morning, everybody. Why
16 don't we start by figuring out who's on the call.
17 Since I came on late I didn't hear everybody
18 introducing themselves. So obviously I'm Jim Melius,
19 Chair of the Working Group.

20 **DR. WADE:** And other Working Group members on the
21 call, please?

22 **MR. GRIFFON:** Mark Griffon.

23 **DR. WADE:** Is Paul Ziemer or Roy DeHart on the
24 call?

25 (no response)

1 Larry, could I ask you to have someone from your
2 office call Roy?

3 MR. ELLIOTT: Yes, we will.

4 DR. WADE: Okay, thank you.

5 MR. GIBSON: Mike Gibson, Working Group -- Well,
6 I'm not on the Working Group, but I'm on the Board.

7 DR. WADE: Okay. Other Board members?

8 MR. PRESLEY: Bob Presley from the Board.

9 DR. WADE: Thank you, Bob, for joining us. Any
10 other Board members present?

11 Why don't we do SC&A?

12 DR. MAURO: John Mauro from SC&A.

13 DR. BEHLING: Hans Behling, SC&A.

14 DR. MAKHIJANI: Arjun Makhijani, SC&A.

15 DR. WADE: Any other SC&A representatives?

16 From NIOSH this is Lew Wade with NIOSH.

17 DR. NETON: This is Jim Neton at the Cincinnati
18 Airport Marriott Hotel, sitting here with Matt McFee
19 from ORAU Team.

20 MR. RUTHERFORD: LaVon Rutherford with NIOSH.

21 MR. ELLIOTT: Larry Elliott with NIOSH.

22 MR. SUNDIN: Dave Sundin, NIOSH.

23 MR. KATZ: Ted Katz, NIOSH.

24 MS. HOMOKI-TITUS: Liz Homoki-Titus, Health and
25 Human Services.

1 MS. HOWELL: Emily Howell with Health and Human
2 Services.

3 DR. WADE: Any other Federal employees on the
4 line?

5 MR. STAUDT: This is David Staudt with NIOSH.

6 DR. WADE: Good morning, Dave.

7 MR. KOTSCH: Jeff Kotsch, Department of Labor.

8 DR. WADE: Any other Federal employees? Any
9 other ORAU or contractor team members that haven't
10 been introduced?

11 COURT REPORTER: Dr. Wade?

12 DR. WADE: Yes?

13 COURT REPORTER: Hi, this is Ray. Could I get
14 the name of that last person from ORAU that
15 identified? I didn't quite catch it.

16 DR. WADE: I think the last -- I don't know who
17 was the last person to speak? Was it David Staudt?

18 COURT REPORTER: That was the name. What's that
19 last name?

20 MR. STAUDT: David Staudt. S-t-a-u-d-t.

21 COURT REPORTER: Okay, thank you.

22 DR. WADE: And David is the contracting officer
23 with CDC for the SC&A contract.

24 COURT REPORTER: Thank you.

25 DR. WADE: Anyone else on the line who wishes to

1 identify themselves?

2 DR. MCKEEL: This is Dan McKeel from St. Louis.

3 DR. WADE: Welcome, Dan.

4 Okay, Jim.

5 DR. MELIUS: Thanks. Is there anybody -- Are we
6 expecting anybody on the line or to participate from
7 the petitioner group at Ames?

8 DR. FUORTES: This is Lars Fuortes. I don't know
9 if you can hear me.

10 DR. MELIUS: Yeah, okay.

11 DR. WADE: Welcome, Lars. Anyone else
12 representing petitioners?

13 COURT REPORTER: I'm sorry Dr. Wade, I didn't get
14 that last name either.

15 DR. WADE: Lars Fuortes.

16 COURT REPORTER: Okay, thank you.

17 DR. WADE: Now just to be clear I would ask for
18 the SC&A or NIOSH or ORAU people, is there anyone
19 participating in the call who has a conflict with
20 regard to the Ames site?

21 DR. MAURO: For SC&A, no one has a conflict.

22 DR. WADE: NIOSH, ORAU?

23 MR. ELLIOTT: I don't believe anyone from NIOSH
24 or ORAU has a conflict of interest regarding Ames.

25 DR. WADE: Okay. Okay, Jim.

1 **DR. MELIUS**: For -- If it's all right with
2 everybody, I thought we would maybe work this call
3 backwards, but start with Ames, and talk about that.
4 And then the second part of the call to talk about
5 some of the more general procedural issues. That way
6 people that are -- Lars and others who will
7 participate from the petitioner group will be able to
8 keep their part of the call shorter and need not
9 listen in or participate in the second part of the
10 call.

11 It certainly would help me since I just got the
12 report late last night -- I got access to my e-mail -
13 - if Larry if you or Jim Neton or someone from the
14 staff could just sort of give just a brief overview
15 of the Evaluation Report on Ames.

16 **MR. ELLIOTT**: Jim, you want to do that or...

17 **DR. NETON**: I think LaVon Rutherford might be in
18 a better position to do that since he was more
19 actively involved in the process.

20 **MR. RUTHERFORD**: All right. This is LaVon
21 Rutherford. We actually went through a number of
22 data sources. If you went through the petition, we
23 went through a number of data sources. We determined
24 that thorium exposure was thorium and the plutonium
25 exposures. We had no real data up until '52 time

1 period.

2 At '52 we started getting some data, but the data
3 was not enough to support dose reconstruction. So we
4 recommended adding a class up until '55 -- or '50.
5 And the (unintelligible) is the end of the AEC
6 operations.

7 DR. WADE: You cut off when you spoke about the
8 dates.

9 MR. RUTHERFORD: I'm sorry.

10 DR. WADE: Could you repeat the dates?

11 MR. RUTHERFORD: It could be difficult because it
12 isn't phones that are...

13 The dates started -- or the end of the class
14 period ended in '54 at the end of AEC operations.
15 And it started at the -- 1942 and ended in December
16 31st, 1954. Again, it was based on thorium exposures.
17 We had little data up until '52, '53 time period.
18 And that data that became available '52, '53 time
19 period had some BZ, breathing zone, samples. We had
20 a little bit of air monitoring data. However, at the
21 time we didn't feel it supported dose reconstruction
22 for the thorium exposures, as well as we had no data
23 at all for the plutonium exposures.

24 And recognizing that the thorium exposures
25 actually began shortly after the uranium operations

1 began in January of '42. So that's where we started
2 the actual class period designation.

3 DR. MELIUS: LaVon or whoever, is this -- Can we
4 assume that this then would cover every -- all of the
5 facility of the AEC portion of this facility and time
6 period for where this was sort of officially an AEC
7 facility?

8 MR. RUTHERFORD: Yes, that is correct.

9 DR. MELIUS: Okay. Just a little, not being
10 familiar with the facility in full, I just want to
11 make sure I understood the coverage on it and so
12 forth.

13 And, and we're also presuming that this is a 250
14 day -- It's chronic exposure here I guess, so we have
15 the assumption there would be 250 days of work there
16 to qualify.

17 MR. RUTHERFORD: That is correct.

18 DR. MAURO: This is John Mauro.

19 DR. MELIUS: Yeah.

20 DR. MAURO: Since you brought those two issues up
21 I, if it's okay at this time, I -- One of the things
22 that we had noticed regarding the Evaluation Report
23 had to do with the two issues you just brought up,
24 namely the dates. We did notice there was that one
25 year. In the petition it actually went through 1955,

1 by way of clarification. What I'm raising this by
2 way of clarification. I notice that the petition
3 actually extended through the end of 1955, but the
4 finding, the proposed class goes through the end of
5 1954. And so by the way of clarification I guess we
6 were looking for a little bit more information
7 regarding that one year, sort of left out.

8 And the second point that you also had raised was
9 the 250 days portion, namely in reading the
10 Evaluation Report -- By the way, Arjun, myself and
11 Hans have basically reviewed these documents. One of
12 the issues that emerged was it's not really clear
13 right now in the Evaluation Report the degree to
14 which the 250 -- whether or not there are incidents
15 that are under consideration as part of this
16 Evaluation Report, which would say to the effect that
17 yes there were incidents where exposures could have
18 occurred that were over a period less than 250, but
19 still possibly warrant compensation because of the
20 nature of the exposure that occurred of that
21 relatively short period of time.

22 I bring those up now because you had mentioned
23 them, and they are two points of clarification
24 regarding the Evaluation Report that would be helpful
25 to us.

1 **MR. RUTHERFORD**: This is LaVon Rutherford again.
2 The reason why we stopped at the 1954 date was based
3 on a document that's "History and Current Radiologic
4 Conditions of the Ames (unintelligible)" and
5 "Assessment of Cause Mitigations Efforts and Current
6 Status of Thorium 232, Uranium 238 and Beryllium
7 Contamination in Wilhelm Hall." Those two documents
8 indicated that the AEC operation ceased in 1954, and
9 they did not give a specific date in 1954. That is
10 why we ended up with the December 31st, 1954. Two
11 hundred fifty days was based solely on our review of
12 the data. We did not cover any incidents -- uncover
13 any incidents that we felt would that were (sic)
14 warrant a significantly high exposure that would
15 alter the 250 day criteria.

16 **DR. MELIUS**: Do you have, John, do you have any
17 other I guess -- You had reviewed or members of your
18 team had reviewed some of the background information
19 on this petition sort of in preparation for a more
20 complete review. Is there any other information you
21 have or questions that you had as a result of that
22 review?

23 **DR. MAURO**: Yes, we in fact reviewed the entire
24 petition, and we reviewed 70 documents that were
25 downloaded, so yes we have in effect read through all

1 of the material, and we were actually at the stage
2 where we were formulating our I guess initial
3 impressions, maybe that's the proper term, related to
4 these matters, and of course we were very anxious to
5 read the outcome of the Evaluation Report.

6 We have caucused. SC&A folks on the phone have
7 caucused a bit on our findings to date, and I'll just
8 one major observation that we that I'll pass on, but
9 certainly I would like to hand the baton off to Arjun
10 and Hans also, had to do with the apparently there
11 were a large number of explosions that occurred to
12 the point where there were periods of time where the
13 exposures could have been very high, over relatively
14 short periods of time and in a manner that was
15 extremely difficult to reconstruct. So one of the
16 reasons we were coming around to the point where we
17 say well at least that aspect of the operation is
18 going to be extremely difficult to reconstruct.

19 And so from that perspective we identified, we
20 peevied (ph) that up and a possible SEC issue that is
21 going to be difficult to deal with. Now there are
22 other areas, but I'd like to pass that on to Arjun
23 and Hans, if you will, to communicate some of your
24 initial impressions.

25 **DR. MAKHIJANI:** Yes, I was the person sort of

1 tasked with coordinating this, and I worked with Hans
2 and I have looked at quite a few documents and my
3 preliminary assessment of the Petition Evaluation is
4 that we're in broad agreement, actually, on the
5 grounds that LaVon talked about that is we found no
6 data for plutonium and we also found the same data
7 described by LaVon, so I think and we also talked in
8 a preliminary way that it will be very difficult to
9 do a reasonable even maximal dose reconstruction with
10 that. Of course that was just an impression and we
11 awaited NIOSH's analysis.

12 The one question that I have that we have talked
13 about as John said is, if I remember correctly,
14 haven't had time to go back and review all the
15 documents, and maybe Dr. Fuortes can correct me if
16 I'm wrong, is that there was evidence provided in the
17 material by the petitioners on the documents. Of
18 these six blowouts, of a day in which there was six
19 blowouts, and of very high levels of uranium dust,
20 and so I, the question that I kind of have is what
21 evaluation did NIOSH do of that specific thing in
22 regard to the sort of were there incidents that would
23 qualify even if it were less than 250 days.

24 DR. FUORTES: I guess if I could enter. This is
25 Lawrence Fuortes. I did say, out of ignorance, in

1 the petition that I thought there might have been
2 specific incidents that might preclude the 250 day
3 criterion, and actually both of uranium and of
4 thorium reduction. The uranium appeared to be more
5 frequent and larger, but there were also descriptions
6 of blowouts during the thorium reduction process.

7 And another clarification, the reason the
8 petition listed 1955 as an end date was because given
9 what we've seen in other industrial processes, we
10 felt that there must have been a cleanup period after
11 the thorium processing that had (unintelligible), so
12 we used an arbitrary period of time of the year of
13 1955, the year following termination of the
14 processing. Thank you.

15 DR. WADE: Just for the record, Lars. Since
16 you've last been with us, our procedures now
17 encourage, in fact, petitioners to participate in
18 these discussions so --

19 DR. FUORTES: Thank you.

20 DR. WADE: -- if you have a comment you feel
21 compelled to make, please feel free to make them.

22 DR. FUORTES: Thank you.

23 DR. BEHLING: This is Hans Behling. In addition
24 to the episodic radiological events that are
25 difficult to quantify, you just look at the 1952

1 radiological survey data and look at certain key
2 areas where air concentrations were taken, you could
3 probably come to some assessment even in the absence
4 of specific radiological events that air
5 concentrations at certain locations probably over a
6 period of matter of weeks would probably suffice for
7 radiological doses to the lungs and other tissues
8 that would possibly already qualify so that aside
9 from significant events you could probably just look
10 at the survey data taken in '52 and draw certain
11 conclusions about doses that may have been received
12 just from ambient levels of air concentrations.

13 **DR. MAKHIJANI**: This is Arjun. One more thing to
14 add in this context is the bone, the bone surface
15 dose conversion factor for thorium is very high, and
16 since there were incidents involving thorium, or at
17 least there may be evidence of that, we didn't see an
18 evaluation of these things. Perhaps NIOSH has done
19 an evaluation that NIOSH intends to publish later on
20 as a supplemental piece to this. It's just a
21 question in my mind as to evaluation of incidents
22 in less than 250 days.

23 **DR. MELIUS**: Jim or Larry, do you --

24 **DR. NETON**: This is Jim Neton. I've got a couple
25 things I'd just like I think I can point out. One is

1 I think if you look at the back of the Evaluation
2 Report, the boxes checked that we believe we can do
3 uranium dose assessments with sufficient accuracy.
4 But we're not discounting the fact that we can't do -
5 - We're not saying that we can't do uranium dose
6 reconstruction, so for example if non-presumptive
7 cancers came over, we feel there is sufficient data
8 to reconstruct the uranium intakes based on the
9 available monitoring data. So that sort of takes the
10 uranium issue, we think, off the table. Even if
11 there were high incidents we have some urine data
12 that could bound those intakes.

13 To get to the episodic versus the acute nature of
14 the exposure scenarios, merely having an explosion
15 resulting in a fairly large air-borne concentration
16 does not necessarily result in a huge internal dose.
17 It's common practice when an explosion occurs for
18 people to at least evacuate the area in a somewhat
19 timely manner, so even if one were to have multiple
20 levels of the allowable concentration in air, in fact
21 the total exposure to the person is not as great as
22 one would need to qualify for the discrete incident
23 criteria we believe.

24 Secondly, I think what Hans referred to all these
25 air-borne levels that one could use to quantify large

1 exposures, that would seem to indicate that we could
2 probably do some sort of bounding analysis and do
3 dose reconstruction. That would not in itself
4 qualify petitioners of that class for SEC.

5 DR. FUORTES: This is Lars Fuortes again. I'm
6 maybe confused about the process, but it strikes me
7 that one day's urine excretion of uranium during what
8 might be, presumed to be a standard production, and
9 we don't know what their production rates are, may
10 be, it may be optimistic to assume that that could be
11 generalized to data that could be used to bound
12 exposure for uranium for these workers. I believe
13 that there is a paucity of exposure data for these
14 workers, so I think that the statement that we -- or
15 the impression that you're giving that you could do
16 dose reconstruction for the uranium exposures is
17 maybe contestable. And there are some, I think, some
18 reflections of bias in statements like that that I
19 find curious, and even in the calculations that
20 you've used for estimations of exposure based on the
21 urine excretions.

22 If you look, for example, and this may apply to
23 many other facilities, you use a figure of 1.4 liters
24 of urine excretion, and I've talked to several of you
25 about this over the last year, 1.4 liters of urine

1 excretion is the figure that's reported as an
2 average, whereas there's a well reported normal range
3 of .8 to 2 liters, and I would think one would
4 consider the difference between 2 and 1.4 to be
5 significant as regards trying to come up with a
6 claimant-friendly dose assumption. So I'm still
7 curious about the reflection of an a priori judgment
8 made by NIOSH as regards ability to do dose
9 reconstruction and in a means that appears to
10 actually limit exposure.

11 **DR. NETON**: This is Jim Neton. I guess I'm not
12 quite sure where to start with that. It strikes me
13 that right now, under the thorium -- under the way
14 this SEC class is defined, all workers qualify with
15 (unintelligible) 250 days exposure. To then say we
16 can't do uranium dose reconstructions would certainly
17 limit our ability to do any dose reconstructions for
18 anyone internally at that facility, even if they were
19 non-presumptive. I'm not sure what the end result is
20 for that, but --

21 **DR. FUORTES**: The end result isn't different for
22 the Ames workers, Jim, it's, but it's a reflection of
23 a philosophy on the part of the people doing these
24 evaluations that I think might have great
25 significance for other workforces, if you believe

1 that on the basis of a sub-sample of 20 workers from
2 one day from 1942 one can make a judgment about
3 radiation exposures from uranium, that that already
4 strikes me as a large assumption based on a paucity
5 of data. And then the reflection, as I said, which
6 I'd already discussed with I believe with you if not
7 with others, that 1.4 liters is an adequate judgment
8 for the urine volume from which to extrapolate dose.
9 I think those are reflections of an a priori
10 assessment. So you're right, it doesn't change
11 anything in terms of the acceptance of the SEC
12 Petition for this particular workforce; it's just an
13 impression I wish to comment on.

14 DR. WADE: But Lars, this is Lew Wade. I think
15 what Jim was saying is, although it might affect the
16 ability to pursue dose reconstruction for people with
17 non-presumptive cancers, if we make the decision that
18 it's categorically impossible, then there is no
19 recourse for those people.

20 DR. MAKHIJANI: Dr. Wade, this is Arjun
21 Makhijani. I think one point of clarification may
22 help the debate and Dr. Fuortes, in terms of how
23 various categories of dose reconstruction (sic). I
24 think in this particular context, leaving aside these
25 implications for other facilities, in this particular

1 context -- Jim, correct me if I'm wrong -- but the
2 dose reconstruction you will be pursuing for non-
3 presumptive cancers would be a minimum dose
4 reconstruction because you obviously cannot
5 reconstruct, you know, several pieces of it. So if
6 you can construct say a minimum external dose for
7 shallow dose for uranium or along with internal dose
8 and the data. You know there are data that would
9 enable you at least to say that this, at least this
10 much happened. Is that, is that the implication of
11 what you were saying for uranium?

12 **DR. NETON:** That's right. We would try to
13 reconstruct as much dose as possible, aside from the
14 thorium and plutonium exposure, that we believe we
15 can, so...

16 We have urine data -- I would need some help on
17 this, but I believe we have more than just those 21
18 samples from 1942, although I haven't looked at the
19 data myself fairly recently, but the fact is that
20 urine samples, urinary excretion of uranium is really
21 a long -- fairly decent long-term indicator of
22 deposition of uranium in the body. It stays around,
23 and that's why the doses are so high, when you -- It
24 either stays in the lung for a long period of time or
25 when it leaves the lung it incorporates into the

1 skeleton and the liver and the kidney tissues and
2 continues to be excreted for a fairly long period of
3 time. Using those excretion models, we believe we
4 can bound the upper limit of exposure, given a
5 urinary sample even several years after a potential
6 intake.

7 With regard to the urinary excretion volumes, you
8 know, I think this whole concept of the amount of
9 urine excreted per day is sort of a, it's a technical
10 issue that has been debated quite a bit among health
11 physicists, but it's my opinion that when you're
12 measuring uranium in urine you're really looking at
13 how much is put out per day which is more related to
14 the metabolism of the uranium in the body's tissues;
15 that is, how much they come out into the bloodstream
16 and then end up being voided into the bladder. The
17 variability of the volume of the urine really is not
18 relevant; it really is more how much comes out per
19 day.

20 DR. FUORTES: Jim, I do this -- This is Lawrence
21 Fuortes again. I do this all the time in
22 occupational medicine. If you were to correct it for
23 creatinine excretion, you might be able to come up
24 with an estimate that would support that judgment on
25 your part, but if all you have is a concentration,

1 milligrams or micrograms per liter, then I don't
2 believe that what you said is correct at all. The
3 absolute volume of the urine is needed to find out
4 how much uranium was excreted, so you don't have that
5 information. You have a concentration only.

6 DR. NETON: You do need a total urinary output
7 per day to do the exact calculation --

8 DR. FUROTES: Which you don't have. That's why
9 the difference between 1.4 and 2 is highly
10 significant.

11 DR. NETON: I don't know, don't have it here. I
12 suspect we don't. You're right.

13 MR. RUTHERFORD: This is LaVon Rutherford. You
14 do want to qualify the amount of bioassay data we do
15 have. We actually have bioassay data, 34 samples
16 from '44, and we also have 50 urine samples that were
17 taken at the end of uranium operations in 1945. So
18 we do have a little more data.

19 DR. MELIUS: This is Jim Melius. I have one
20 question I'm not sure we have information on, but do
21 we have any idea how many people would, of claimants,
22 would be affected if in terms of meeting or not
23 meeting the 250 day requirement as proposed here?

24 MR. RUTHERFORD: This is LaVon Rutherford. No, I
25 do not. I can probably find out rather quickly.

1 **DR. MELIUS:** Just two other, or one other
2 observation is that first of all is this issue of
3 what to do with non-SEC cancers. We've been
4 wrestling with on a case-by-case basis for quite some
5 time, and I would repeat my request that we more
6 formally deal with this at the advisory board and try
7 to establish some policy on this issue because I
8 think it's -- going on an ad hoc basis for individual
9 sites I think has some limitations, and I think the
10 one time that we dealt with it in terms of our, I
11 believe it was one of the Mallinckrodt SEC
12 evaluations, one of the Board's recommendations on
13 that I think was some of us were -- It was sort of
14 less than satisfactory in terms of how we exactly
15 establish that recommendation and communicated that
16 recommendation, so I would just think that we need to
17 try to wrestle with that issue more formally, and I
18 request that we try to get it onto the agenda for the
19 next Board meeting, some discussion of that, because
20 I think we really need to talk about it. And, you
21 know, a related issue that we may need to talk about
22 is this issue of what to do, how to establish
23 criteria for, you know, less than 250 days, and we
24 sort of have, you know, either 250 days, or you know,
25 a very short-term very high exposure, and we've

1 really not dealt with that. I think it's come up
2 with Pacific Proving Ground, and I think there
3 should, it would be worth some time trying to discuss
4 this in a more general fashion 'cause I think it may
5 come up at other SEC's, and I think the Board and
6 NIOSH need to, you know, see if we need to establish
7 some policy on that or what's the best approach for
8 dealing with that issue also.

9 DR. WADE: Yeah, there's a place holder on the
10 agenda for the April meeting where we could put this,
11 Jim.

12 DR. MELIUS: Okay, thank you.

13 DR. WADE: Which is policy on non-presumptive
14 cancers and how to deal with the issue of less than
15 250 days of exposure.

16 DR. MELIUS: And then I would -- Thank you. And
17 sort of a follow-up to that is I think, at least as I
18 see it, we have two options on (unintelligible). One
19 is that we could ask SC&A to do an evaluation, a
20 review, of the NIOSH Evaluation Report, particularly
21 focusing on this issue of, you know, more acute
22 exposure, the 250, you know, the 250 day requirement
23 that would be for anybody to qualify, qualify for
24 the, be part of the SEC class for this site, and
25 further that we ask SCA do an evaluation of the

1 report, focusing on that issue, which I think
2 realistically, and there may be some other issues
3 that we want them to look at also, but that
4 realistically that's going to then mean that we
5 wouldn't be able to deal with the Ames petition until
6 the June meeting.

7 DR. WADE: That's currently scheduled.

8 DR. MELIUS: That's currently scheduled. I guess
9 the alternative would be to, you know, deal with that
10 issue, that issue separately, but I'm not sure how
11 other members of the work group would feel about
12 that.

13 DR. DEHART: Roy DeHart is now on board,
14 apologetically.

15 DR. WADE: Welcome. When did you join us, Roy?

16 DR. DEHART: About ten minutes ago.

17 DR. WADE: Okay. Are you familiar with the
18 issues we're discussing?

19 DR. DEHART: Basically, yes.

20 DR. WADE: Just, in real brief summary, only two
21 issues really have been put on the table, maybe
22 three. One is there's a little bit of difference in
23 the timing of the NIOSH recommendation. It goes to
24 December of '54 versus the petition which went
25 through December of '55. In discussion the

1 petitioner mentioned that they added that extra year
2 just because they thought there'd be some cleanup
3 activity.

4 And then the issue of whether it's 250 days or a
5 lesser period of presence to constitute membership in
6 the cohort, and that's being discussed. That's what
7 Jim was just talking about.

8 DR. DEHART: Yes, I heard that. Thank you.

9 DR. BEHLING: This is Hans Behling. Just on a
10 side, and I guess I'm addressing, or posing, this
11 question to Jim Neton. The issue of 250 days will
12 surely come up with the Pacific Proving Ground SEC,
13 and I'm not sure to what extent Jim has taken that as
14 an issue for further discussion.

15 DR. NETON: Were you asking specifically about
16 Pacific Proving Grounds, Hans?

17 DR. BEHLING: Yes, because obviously those
18 exposures involving Pacific Proving Grounds will
19 certainly be considered episodic.

20 DR. NETON: Right, our position on it was, at the
21 last Board meeting, that 250 day requirement applied
22 to the Pacific Proving Grounds, based on the chronic
23 exposure nature, the chronic nature of their
24 exposure.

25 DR. MELIUS: But I believe that the Board asked

1 you to go back and reevaluate that issue, that that
2 was one of the three or four issues that we asked to
3 be --

4 DR. NETON: I don't know that we were going to
5 reevaluate whether the 250 day requirement was
6 acceptable. I think it was more to go back and look
7 at how that would apply to the claimant population.
8 In other words, are there many people -- most people
9 would not have 250 days or something of that nature,
10 and we will be prepared to discuss that.

11 DR. MELIUS: Yeah, not an overall evaluation of
12 the 250 days, but how to apply it to that particular
13 population, which probably isn't directly relevant to
14 the Ames situation, at least as I understand it.

15 DR. NETON: Correct.

16 MR. ELLIOTT: This is Larry Elliott. Yes, Jim is
17 right. That's what we were contemplating on
18 evaluating and looking at the work practices and the
19 exposure scenarios. Certainly, you know, these shots
20 at Pacific Proving Ground were in essence criticality
21 events, but the people that were there, their
22 proximity and their exposure to those events were
23 controlled to a certain degree, so we need to examine
24 that.

25 DR. WADE: This is Lew Wade. Just to add to the

1 discussion. You know, SC&A has a contract and a task
2 to look at full-blown reviews, and Ames was the first
3 of those reviews. SC&A's just at the beginning of
4 that process. Now again, the Board can decide how it
5 wants to deal with that, but they are just at the
6 beginning of that process. I would assume what would
7 happen next, unless we were to intervene, would be
8 that they would take the evaluation report and really
9 start to go through a full-blown evaluation of it and
10 the NIOSH processes and procedures to this point.

11 DR. MAURO: Lew, this is John Mauro. One of the
12 matters we discussed, I believe in our last working
13 group meeting, was that -- I believe Jim Melius, you
14 had mentioned this, it may be more efficient, rather
15 than for SC&A to go through the full-blown review at
16 this point in time, in fact this is exactly the
17 trigger point, a judgment would be made whether we
18 actually move into a more focused review whereby we
19 would explicitly look at specific issues as they
20 emerge, they are emerging during this conversation,
21 or whether we would be mandated to go through a more
22 formal comprehensive review of the entire document.
23 And I think this is one of the decisions that will
24 need to be made.

25 As you may recall, when we originally planned

1 this work, under Task V, we did propose it as a full-
2 blown review, allocated a full 1000 work hours to do
3 the review and deliver a fairly substantial
4 comprehensive review of the petition and evaluation
5 report. However, we also recognize as we move
6 through the process, and at the point we're at here,
7 it may be more cost effective to zero in on specific
8 issues that not only are discussed here during this
9 discussion and others that may come forward, but also
10 as SC&A moves through the process and we alert the
11 working group to issues that emerge -- So it would be
12 more of a living process, hold down the issues that
13 we will be specifically looking at so that it will
14 become in effect something more of a focused review
15 as opposed to what would be called more of a
16 comprehensive review.

17 What I think is something --- What I think is
18 happening is it's becoming clear that the boundary
19 between what one would call a full-blown review, what
20 one would call a focused review, may be a little
21 blurred and perhaps properly so. So I guess I'd like
22 to put that on the table as part of the discussion.

23 DR. WADE: All right. Again, this is Lew Wade
24 again. Again, we're interested also, at least in the
25 contractual language, with the review of the overall

1 process. I think we need to be mindful of the fact
2 that, you know, in this case the recommendation of
3 NIOSH is to add a class. Again, that doesn't negate
4 the fact that the process needs to be reviewed. Now
5 how the working group wants to deal with that is, I
6 think, a topic for discussion.

7 **DR. MELIUS:** I think that's sort of part two of
8 this call. Part one, I think is we need to decide on
9 how to go forward, and I guess the alternatives are
10 what John just called a focused review that we look
11 into, you know, have them do a limited amount of work
12 focusing on just specific issues that have been
13 raised with the idea that that could be completed in
14 time for the June meeting. Secondly, would be a more
15 comprehensive review of the whole evaluation report
16 which may or may not be able to be completed in time
17 for the June meeting. And then third I think would
18 be not to have them do any additional review, and
19 just, you know, see if there was room on the agenda
20 for the April meeting for NIOSH to present its
21 report, the Board to make a decision on going forward
22 at that time.

23 I don't know if any of the other members of the
24 working group have any preferences on how to go
25 forward. I think the default is that this is

1 scheduled for presentation at the June meeting.

2 DR. WADE: That is correct.

3 DR. MELIUS: Mark, do you have any comments?

4 MR. GRIFFON: It seems to me that, you know, just
5 looking at this petition, or evaluation report, while
6 we're talking here really. I haven't read it
7 thoroughly, but it seems like it lends itself to a
8 more targeted review. SC& A's already reviewed a lot
9 of the background material, and I think there's a
10 couple things that we've already mentioned that could
11 stand out that we might want a little more input
12 before we make a decision on this, but I think, I
13 don't think resources will be best (unintelligible)
14 doing a full review of this, this petition. I think
15 a targeted review would be the way to go.

16 DR. DEHART: This is Roy. The targeted review
17 has proven in the past to be an efficient way of
18 doing things and focusing on the major issues, and I
19 would concur with that.

20 DR. WADE: Let me ask David Staudt a question,
21 and I -- David and I have talked about this in
22 anticipation of the call. David, I assume that
23 contractually we would have no difficulty switching
24 the focus from a full review to a targeted review in
25 this case, contractually, is that correct?

1 **MR. STAUDT**: That's correct.

2 **DR. WADE**: Okay.

3 **DR. MELIUS**: I agree with the idea of a targeted
4 review or focused review, and I think that would be
5 the way to go forward. It would allow us to put some
6 of these issues that have been brought up and I think
7 do need to be addressed. It may be that as we
8 discuss them in the more general sense at the next
9 April Board meeting that will help to frame some of
10 that review, but I think it's something that would be
11 useful to have, this focused review or targeted
12 review, that information along with the sort of
13 background information, background review that SCA's
14 already done; we'd have that available for the June
15 meeting.

16 **DR. WADE**: Okay so -- This is Lew Wade again.
17 The way I had sort of story boarded this out, is that
18 there would be a report of this working group to the
19 full Board in April, on the Ames issue. There would
20 also be a report by John Mauro on the status of the
21 SC&A activity on the Ames issue. Those two
22 discussions could result in very specific
23 instructions to SC&A for a targeted review to be
24 accomplished before for use at the June meeting. So
25 that's very doable.

1 **DR. MELIUS**: Then I would suggest that we move
2 forward. I don't know Lars if you have any comments
3 on that or...

4 **DR. FUORTES**: I have no comments. I really don't
5 know what your procedural options are, and so I just
6 listen. My comments were only relevant to other
7 sites, so thank you.

8 **DR. MELIUS**: We'll move forward in that direction
9 on the Ames.

10 **DR. MAKHIJANI**: Dr. Melius, this is Arjun. I
11 have a question. We, we did prepare -- As you know
12 we spent about 120 hours doing the background work of
13 (unintelligible) and stopped at a small fraction of
14 the overall thing and -- The materials are all in
15 rough draft form, as notes. And I was a little
16 unclear when we report, when SC&A reports to the
17 Board, what kind of and how much of that material to
18 finalize, or should we just leave it that way and
19 give you a, have a little bit of a summary of what
20 all we did?

21 **DR. MELIUS**: I would think that a summary would,
22 sort of background work would suffice, along with a
23 you know more detailed report on you know the more
24 specific you know issues we've discussed. And
25 however certainly that background work may very well

1 prove to be you know useful for the discussion of the
2 Ames petition and evaluation that would take place at
3 the June meeting. For example, the Board may have
4 questions on other issues that we haven't raised
5 or... You know, obviously none of us I think have
6 had time to go through this report in great detail
7 yet since we just received it late yesterday, so
8 there may be other questions that come up. And so I
9 think it's useful for you having done that and you
10 know to be able to answer questions to the best of
11 your you know ability at being in more general
12 questions, but that we would expect your report to be
13 you know a more focused report and that's what would
14 be discussed at the you know what you would present
15 at the June meeting.

16 MR. GRIFFON: Jim, just to clarify on that.
17 You're, we're anticipating to to define the targeted
18 review for SC&A at the April meeting, correct?

19 DR. MELIUS: Correct.

20 MR. GRIFFON: Okay.

21 DR. MELIUS: At the April meeting the plan would
22 be for the work group to have a short meeting that we
23 would then, among ourselves, and then develop sort of
24 focused tasks that would need to be done for the June
25 report.

1 **MR. GRIFFON**: Okay.

2 **DR. MAURO**: This is John Mauro, so as I
3 understand this conversation the only deliverable we
4 will have for you between now and the April meeting
5 in Denver will be a presentation before the
6 Subcommittee, perhaps, and then the full Board,
7 related to our initial findings from the review we
8 have performed, and also --

9 **DR. MELIUS**: No, no.

10 **DR. MAURO**: Go ahead.

11 **DR. MELIUS**: I don't think you need to do any
12 presentation on this. Correct me if I'm wrong, Lew,
13 with the contractor, but I don't think you would need
14 to do any presentation on this at the April meeting.
15 The Board, the work group, will present at the April
16 meeting, and there may be other issues you will
17 present on at the April meeting, but I don't think
18 there's any need to discuss Ames other than, you
19 know, for us to report back what we have done, what
20 the work group has done, at the April meeting.

21 **DR. MAURO**: So we have no deliverables related to
22 Ames up through and including the April meeting.

23 **DR. MELIUS**: I believe so, and my only hesitation
24 is I don't want to get in trouble with our
25 contracting officer.

1 **DR. WADE**: Yeah, you're fine. I think coming out
2 of the April meeting will be a list of the specific
3 issues that the Board wishes SC&A to focus on in
4 their review. That will come about through a small
5 group meeting of the work group and then a discussion
6 of the work group with the full Board that will
7 result in that task being issued, as I understand
8 what you're saying, Jim.

9 **DR. MELIUS**: Yeah, correct.

10 **DR. WADE**: That's fine.

11 **DR. MELIUS**: Anybody have in questions or
12 comments on that?

13 **MR. RUTHERFORD**: Dr. Melius, I'm sorry, this is
14 LaVon Rutherford. You had asked earlier how many
15 people were affected by the 250 day criteria that
16 makes (telephonic interference), and it appears
17 there's one individual that may be affected.

18 **DR. MELIUS**: Okay.

19 **MR. RUTHERFORD**: I just wanted to get you that
20 answer. I'm sorry for interrupting.

21 **DR. MELIUS**: Thanks a lot. Roughly, how many
22 applicants, claims are there?

23 **MR. RUTHERFORD**: Fifty-four.

24 **DR. MELIUS**: Fifty-four. Okay, that's helpful to
25 know. Thanks.

1 Now, want to turn to the more general issue of of
2 the you know what SC&A's work on evaluating these
3 reports, these SEC evaluation reports. And they put
4 together a report and received I think several months
5 ago actually proposing an approach to, for their
6 review of the evaluation reports. That report
7 predated our work group report on evaluating SEC or
8 reviewing SEC evaluation reports and an approach for
9 doing that, and so we need to try I think to meld the
10 two approaches in doing that.

11 The other change that took place is, which we
12 also discussed at the last meeting, in our work group
13 report proposed that the NIOSH, NIOSH develop a more
14 detailed outline of proposal outlining what their
15 evaluation would be for an SEC evaluation report.
16 Currently NIOSH produces a very generic plan for
17 their evaluation report, which I think as we
18 discussed at the last meeting that was appropriate
19 given at the time they produced that plan they
20 haven't really had time to delve into the, you know,
21 all the data and so forth, so it's very hard for them
22 early on to develop a more specific evaluation plan.

23 We suggested they do so as sort of a second step,
24 and I think Larry correctly objected to that, I think
25 pointing out that it would sort of add another step

1 and another round. It would only serve, while it may
2 be helpful I think one has to balance that with the
3 extra workload for NIOSH and the delay in moving
4 forward on the SEC evaluation. There's already a
5 tight time period for that for NIOSH, and then if we
6 added this sort of second step it would serve to
7 delay things and though it might be helpful, that
8 amount of helpfulness would be outweighed by the
9 delay and extra work.

10 And to some extent as I reviewed what SC&A
11 proposed was really was some part of their proposal
12 was triggered by that evaluation plan, sort of a
13 three-step process, sort of review the petition, the
14 second one based on the evaluation plan, the third
15 based on the review of the evaluation report itself.
16 And what I think we need to do is to move that more
17 into sort of a two-step plan. There would be what I
18 think would prove to be helpful here with Ames where
19 initially SC&A did background review of the documents
20 and some of the information provided with the
21 petition. This case it was a well-documented
22 petition with a lot of information so even though
23 there was not a full, you know, site profile, site
24 profile review to base on, there was a significant
25 amount of information, and that proved to be helpful.

1 So step one would be sort of a background, but
2 step one would be sort of a background of evaluation,
3 what is available information be on site on the
4 petition, some sort of review of that, and there'd be
5 subsets of that depending on whether or not site
6 profile is available or any site profile review has
7 been done.

8 And that would be in preparation and there would
9 be a second step that would evolve that would be
10 after the evaluation report was available and would
11 follow. And what I think we need to do in work group
12 and be willing to do this in working with SC&A for
13 the April meeting is sort of prepare a modification
14 to their proposed procedures that would incorporate
15 this two-step process and would also incorporate some
16 of the criteria in procedures that we put in place in
17 our work group report that we had presented at the
18 last meeting.

19 So I guess I put that forward for consideration
20 and discussion by the Board. I know not everyone has
21 all these documents in front of them, so I may not be
22 describing them all in appropriate detail, but we
23 need a full Board discussion of this and I'd be
24 willing to prepare something and I'll circulate it to
25 the work group before the meeting so that we can, and

1 SC&A, so that at the April meeting we had some time
2 as part of our work group report we can discuss these
3 procedures.

4 Any comments or questions on that, or have I
5 thoroughly confused everybody?

6 DR. DEHART: Jim, this is Roy. I was going to
7 raise this issue. I don't think there's a newer
8 report than the November 30th recommendation that was
9 made for Board procedure for review, special cohort.
10 Am I correct on that?

11 DR. MAURO: That's correct.

12 DR. MELIUS: That's correct.

13 DR. DEHART: Okay, I had gone through this as
14 we've had it prior to this meeting, and I think
15 you're kind of hitting it right on the head. We need
16 to enfold the recommendations into our
17 recommendations to the Board, and I don't know about
18 the two-step, but that certainly is an approach, but
19 we do need to roll over our criteria so that where
20 it's appropriate, it matches what SC&A is proposing.

21 DR. MELIUS: Yeah, I agree. This two-step, I
22 think each one of these situations is going to be
23 different, so it's always going to be hard to
24 describe how many of the subsets of this procedure
25 there are, 'cause I think we're going to in effect

1 end up, I think there's not a huge number of SEC
2 petitions and not a huge number of sites that I think
3 we're going to deal with individually on a site, and
4 some of them will depend on timing and some will
5 depend on where we are 'cause often we're in the
6 midst of doing a, you know, a site profile review on
7 some of these sites also, and we're going to end up,
8 you know, adapting what procedures we have, so the
9 information available and where we stand. I think
10 what's probably is more important is that we make
11 sure their procedures, you know, these criterion,
12 incorporate those.

13 I think secondly I think what we're looking for,
14 at least in many of these evaluations, reviews of the
15 evaluation reports, is going to be a more focused
16 review rather than a very general one. So now, we
17 may get a petition in that's very broad and we'll end
18 up with a very broad review but certainly there's
19 many of these I think that we can try to focus on
20 issues that should be more efficient and should help
21 the process.

22 DR. MAURO: Jim, this is John Mauro. In
23 anticipation of this discussion, I did again
24 carefully review the draft procedures and the report
25 of your working group, and the three elements that

1 you describe are in my mind very doable. What I mean
2 by that is, as you pointed out, we had a three-phase
3 process. But I do agree that it is appropriate to
4 meld what we called phase one and phase two.

5 In phase one we originally envisioned a fairly
6 comprehensive plan that would be put forth, but it's
7 clear that not only is it the initial plan by NIOSH
8 it appears not to be necessary, nor is it desirable
9 to attempt to do something like that so early in the
10 process. And what we're actually experiencing is the
11 process of the evaluation of the material is very
12 much a living process so the blending of what we were
13 calling phase one and phase two into a single phase
14 certainly makes sense and our proposed procedures can
15 be readily modified to reflect that. So that's very
16 straightforward.

17 I also carefully looked at your set of criteria
18 in our work-up, and I think there's a very nice
19 mating between the two, and I think we can reformat,
20 or reconfigure our work, so that there is a seamless
21 relationship between your frame work for review and
22 our set of procedures, so I don't see any
23 difficulties in making that transition.

24 Finally, a third element, namely morphing our
25 procedures to read more along the lines of the target

1 is to get to a point where we get the focused
2 reviews. I think that also -- in fact, our
3 procedures do not exclude that, that is, actually
4 have some language in there already, but I think a
5 little bit more along those lines needs to be
6 developed and is certainly very doable, so the three
7 elements that you just described as to actions that
8 may need to be taken to fix our draft procedures are
9 very doable.

10 DR. MAKHIJANI: Jim, if I might comment. This is
11 Arjun. NIOSH putting up the documents on the O drive
12 and giving us access to the Ames database in this
13 case was very helpful to do this background research,
14 so that was kind of an important element, and you
15 know, kind of being able to go through and develop at
16 least a preliminary impression of where things were
17 with the Ames Evaluation Report that NIOSH put out,
18 even though there wasn't a lot of time, the
19 background work, and having those documents
20 available, downloaded, sorted, and having one or two
21 people here go through it, that was extremely
22 helpful.

23 DR. MELIUS: Yeah, I think we always have to
24 guard against sort of getting too focused and you
25 know missing something important, so having you know

1 sort of the familiarity with what is available and
2 what information I think is very helpful.

3 Mark, do you have any comments?

4 MR. GRIFFON: No, no, no. I think the path
5 forward sounds appropriate, Jim.

6 DR. WADE: Jim, this is Lew Wade. In
7 anticipation of the April meeting, I'll work with the
8 contracting officer to look at the contract task
9 particularly as it's currently structured and see
10 that if there is elasticity in it that's fine, if
11 there are things we need to do that's fine, in
12 anticipation of the kind of change you're talking
13 about, but I don't really foresee any difficulty
14 here.

15 DR. MELIUS: That's all I had on the agenda for
16 this work group meeting. I don't know, Lew, if you
17 were expecting...

18 DR. WADE: No, but before we close. When this
19 work group is all done, which I guess we're getting
20 close to, I wouldn't mind just spending two minutes,
21 non-substantively, making sure that people are ready,
22 who will participate in the afternoon discussion, if
23 there are documents they need to be aware of or
24 things they need to download, that we do a little bit
25 of that. No substantive discussion of the issues.

1 But Jim, so when you close, before everybody hangs
2 up, if we could just take one little minute to do
3 that kind of bookkeeping. So if you're done...

4 DR. MELIUS: We're done, so you have your one
5 minute, Lew.

6 DR. WADE: Larry or Jim, could you just list the
7 documents that people would be well to have in front
8 of them for this afternoon's discussion.

9 DR. NETON: This is really only a few documents.
10 One is obviously the SEC Evaluation Report for the Y-
11 12 Petition, and that is I think all working group
12 participants have a hard copy as well as an
13 electronic copy of that document. It is also
14 available on the OCAS web site for those who wish to
15 download or print it out. The other set of documents
16 that have just recently been put out there are some
17 example dose reconstructions that are on the so-
18 called O drive that are, I think there are six
19 examples that we put out there for some discussion
20 this afternoon. Other than those two documents, I
21 mean there are a lot of other Y-12 documents that may
22 come into play, but...

23 MR. GRIFFON: The only other one I would say,
24 Jim, I just updated the matrix.

25 DR. NETON: Right.

1 **MR. GRIFFON**: So for continuity purposes I think
2 it might be useful to crosswalk that while we're
3 doing the petition review.

4 **DR. NETON**: Yeah, Mark put out the updated Y-12
5 comment resolution matrix yesterday and folks should
6 have that available to work from.

7 **DR. MAKHIJANI**: Jim, this is Arjun. I only found
8 one example on the O drive. Am I looking in the --
9 Oh, I see.

10 **DR. NETON**: It's called DR Examples, and there's
11 a sub-directory for each example.

12 **DR. MAKHIJANI**: I see it now, sorry.

13 **DR. NETON**: It's pretty buried, but it should be
14 in there.

15 **DR. MAKHIJANI**: I see it.

16 **DR. NETON**: This is sort of a work in progress.
17 I'll have to warn you, there are other examples, you
18 know, to the extent that I can look at them and
19 review them and get them distributed, you know, we
20 may want to talk about them, but at a minimum I think
21 we should be able to go over these six.

22 **DR. WADE**: Mark, anything else you want to
23 prepare your work group for?

24 **MR. GRIFFON**: No, I think you know if you have a
25 little time now to maybe look at the matrix and the

1 petition (unintelligible). I think those are the
2 primary documents, so I agree with Jim.

3 DR. WADE: Okay, so 1:00 p.m. Same time, same
4 station -- Sorry, same time, same number. I was
5 reverting back to my serial days --

6 DR. MELIUS: One quick question, Lew. You had
7 asked earlier, or you had mentioned earlier, there's
8 going to be a presentation on the Nevada Test Site
9 SEC?

10 DR. WADE: That is my understanding, correct.

11 MR. PRESLEY: This is Bob Presley. We have not
12 had anything on that yet. I don't see how we can
13 have a presentation if the working group on the
14 Nevada Test Site hasn't seen it yet.

15 DR. WADE: Okay. Larry, any comments?

16 MR. ELLIOTT: The evaluation report for the
17 Nevada Test Site petition, it's an instance where
18 under 82.12 we've identified where we cannot do dose
19 reconstruction, and we have worked with the claimant
20 to process an 83.14 SEC, and that report will be
21 delivered this afternoon.

22 DR. MELIUS: Okay. This is not, my understanding
23 there was not a petition submitted on the Nevada Test
24 Site.

25 MR. ELLIOTT: No, there's no petitions. This is

1 not in reaction to a petition; this is in reaction to
2 our identification of a claim where we cannot do dose
3 reconstruction.

4 DR. MELIUS: Oh, okay, okay. But I thought I saw
5 some press coverage about a petition being submitted?

6 MR. ELLIOTT: Yes, you probably saw that from
7 Senator Reid's office.

8 DR. MELIUS: Yeah.

9 DR. WADE: That's downstream.

10 DR. MELIUS: Okay, that's where I was confused on
11 it.

12 DR. WADE: Okay, I think we're done with this
13 call. Very productive, and thank you all. And Lars,
14 thank you for making the time available, and we'll --
15 Those of us who are involved in the next working
16 group, that's Mark's, on Y-12, we'll call back in at
17 1:00 p.m.

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of April 11, 2006; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 16th day of April, 2006.

STEVEN RAY GREEN, CCR**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**